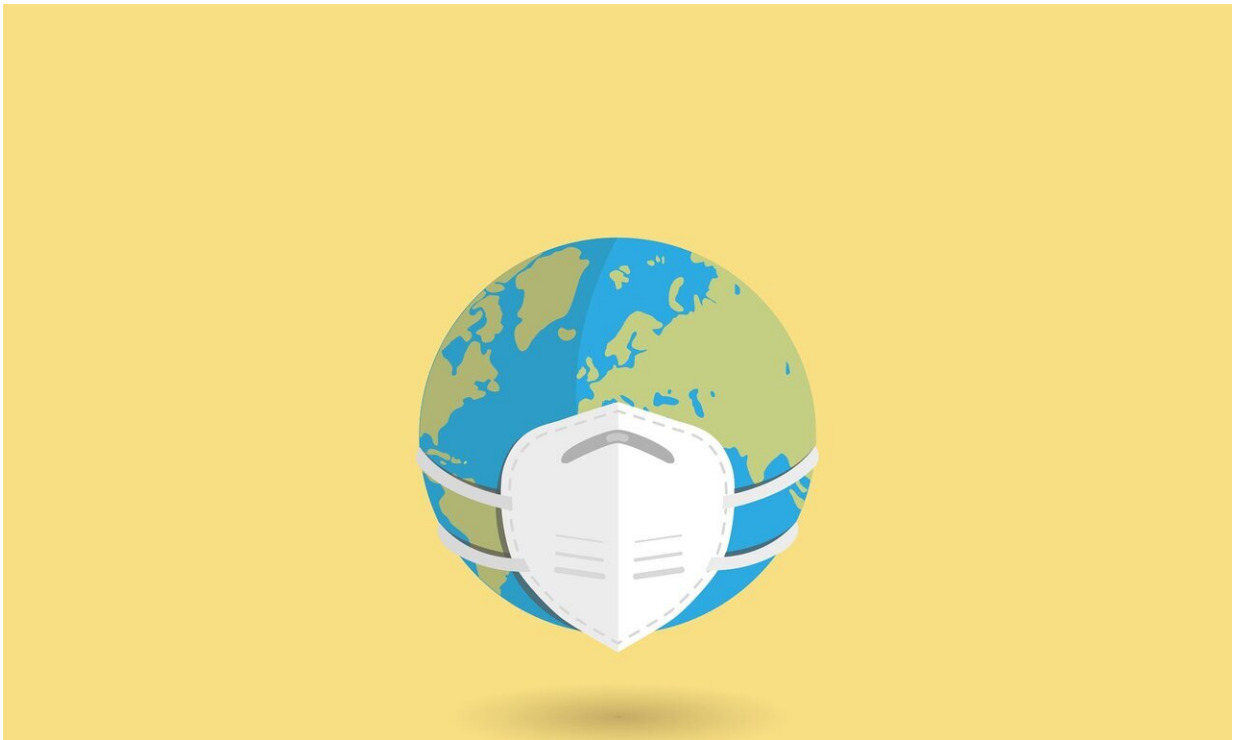


ED visits for appendicitis, miscarriage fell sharply in first wave of COVID-19 pandemic

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Emergency department visits for common conditions such as appendicitis, miscarriage, gallbladder attacks and ectopic pregnancy decreased markedly at the start of the COVID-19 pandemic, but patient outcomes were not worse, found research published in *CMAJ* (*Canadian Medical Association Journal*).

"These findings are reassuring, as patients who required [emergency care](#) in the first wave of the pandemic continued to present to the emergency department, received similar care and had similar outcomes to patients presenting in the prepandemic period," writes Dr. David Gomez, a trauma surgeon at St. Michael's Hospital, Unity Health Toronto and assistant professor of surgery, University of Toronto, with coauthors.

The researchers compared emergency department visits over 2 periods, from January 1 to July 1, 2019, and January 1 to June 30, 2020. During this period, there were 39 691 emergency department visits for abdominal and gynecological conditions, including 15 964 (40%) for appendicitis, 12 733 (32%) for miscarriage, 8457 (21%) for gallbladder (cholecystitis) and 2537 (6%) for [ectopic pregnancy](#).

Emergency department visits declined sharply at the start of the pandemic, with a 20% to 39% reduction in visits for appendicitis and miscarriage. This translates to 1087 fewer visits for appendicitis in 11 weeks of the pandemic period and 984 fewer patients seeking care for miscarriage in the 14 weeks. Over the total study period, just over half of patients (52%) were hospitalized, most (80%) for appendicitis.

Despite fewer emergency department visits, there was no increase in adverse [patient outcomes](#), such as sicker patients presenting or increased rates of death. In addition, among those who presented, [management strategies](#) were unchanged.

There are two theories for decreased visits to emergency departments: underusage and an actual reduction in the acute conditions. However, the authors have another theory that could affect delivery of care.

"Our study suggests a third possibility: potential overusage of the emergency department before the pandemic," write the authors.

"Avoidance of the emergency department during the pandemic may have

resulted in miscarriages being managed through outpatient or virtual clinics without an emergency department visit. For some patients with mild symptoms of uncomplicated appendicitis, their symptoms may have resolved without presenting to the emergency department or they may have used virtual visits for conservative management."

Public messaging about when to seek emergency care and options for alternative care, such as telemedicine and after-hours clinics, could be employed in future to better use emergency department resources. Importantly, care during the pandemic was safe, and the findings suggest that patients who needed emergency care did seek help.

"These observations have direct relevance to the maintenance of care in future waves of the pandemic," write the authors. "Telemedicine, which became widely available early in the pandemic, may facilitate safe delivery of care outside the emergency department for certain conditions or may be used as part of a pre-emergency department triage strategy."

"A population-based analysis of the impact of the COVID-19 [pandemic](#) on common abdominal and gynecological [emergency department](#) visits" is published May 25, 2021.

More information: *Canadian Medical Association Journal* (2021). www.cmaj.ca/lookup/doi/10.1503/cmaj.202821

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